.00

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Penarting Information

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

FOR OFFICE USE ONLY

before submitting or form will be returned.

1 keponing information		Cai	IVD: 285
Year: 2013		1075	
Fill in circle if amendment		ال المالم المالم	JL 1 5 2013 y Assn., Inc. (NY)
Report Period: Sanuary/June	O July/December	CH Name: House	900
Type of Lobbying: Nonprocurement	O Procurement O Both	101	.000
Client Filing Fee Check Number:		CV# 968	3 50-
Il Client Information			
Name: New York Housing Association, Inc.			
Permanent Business Address: 634 Water	vliet Shaker Road		
City: Latham	State:	NY	ZIP code:12110
Business Phone: 518-867-3242	Fax N	umber: 518-867-3245	
Third Party Beneficiary (see instructions)	: None		
III Lobbyist(s) Information & Any individual or organization that has lot threshold was exceeded by that individual	Compensation (Curre object on behalf of the client mu all or organization.	ent Period Only ust be reported below,	regardless of whether the
A Type of Lobbyist: ⊗ Retained	O Employed	Designated	
Level of Gov't: ⊗ State Lobby	ing O Local Lobbying	O Both	
Name: Greenberg Traurig, LLP		Phone Number:	518-689-1400
Address: 54 State Street, 6th Floor			
City: Albany		State: NY	ZIP code:12207
Compensation for current period:	\$37,500 .00		
B Type of Lobbyist: O Retained	⊗ Employed	Designated	
Level of Gov't: ⊗ State Lobby	ing O Local Lobbying	○ Both	
Name: Nancy P. Geer		Phone Number:	518-867-3242
Address: 634 Watervliet Shaker Road			
City: Latham		State: NY	ZIP code:12110
Compensation for current period	\$ 1,976 .00	AND AND AND ADDRESS OF THE PARTY OF THE PART	
C Type of Lobbyist: O Retained	O Employed	Designated	
Level of Gov't: O State Lobby	ing O Local Lobbying	○ Both	
Name:		Phone Number	
Address:			
City:		State:	ZIP code:
Compensation for current period:	\$.00		
O Continued on attached pages			

D TOTAL COMPENSATION of ALL lobbyists for current period...........(A+B+C+addendum sheets): \$39,476

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Any individual or orga	Information & Canization that has lobb	compensation ied on behalf of the	(Curr	ent Pe	eriod Onl	y) w, regardless of	whether the threshold
TOTAL CONTROL OF THE PROPERTY							
Type of Lobbyist:	O Retained	O Employed	_	esigna:	rea		
Level of Gov't:	O State Lobbying	O Local Lobbyin	g \cup B	oth			
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Address:							
City:				State	: :	ZIP code	2:
	r current period: \$.00	0.5		//or v. 1		
Type of Lobbyist:	O Retained	O Employed	_	esignat	ea		5 22
Level of Gov't:	O State Lobbying	O Local Lobbyin	ng O Bo				
Name:				Phor	ne Number:		
Address:		*					
City:				State	e:	ZIP code	e:
Compensation fo	r current period: \$.00					
Type of Lobbyist:	O Retained	O Employed		Designa	ted		
Level of Gov't:	State Lobbying	O Local Lobbyin	ng OB	oth			10
Name:				Phon	e Number:		
Address:							
City:				State	:	ZIP code):
Compensation for	r current period: \$.00		,			
IV Other Expe	nses (Current S	emi-Annual Pe	eriod (Only)			
PAID TO: New York	Housing Association	DA	ATE: 04	/30	/ 2013	O Ad	O Social Event
PURPOSE: Informatio	nal Packets	AA	MOUNT:	\$285	.00	O *Addenc	lum attached
O PROCUREMENT	⊗ NONPROCUR	EMENT					
PAID TO:		DA	ATE:	/	1	O Ad	O Social Event
PURPOSE:		AA	MOUNT:	\$.00	O *Addeno	lum attached
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PAID TO:		DA	ATE:	/	/	O Ad	O Social Event
PURPOSE:		AA	MOUNT:	\$.00	O*Addend	um attached
O PROCUREMENT	O NONPROCUR	EMENT					
PAID TO:		DA	ATE:	/	/	O Ad	O Social Event
PURPOSE:		AA	MOUNT:	\$.00	O*Addend	um attached
O PROCUREMENT	O NONPROCUR	EMENT					
PAID TO:		DA	ATE:	/	/	OAd	O Social Event
PURPOSE:		AA	MOUNT:	\$.00	O*Addend	um attached
O PROCUREMENT	O NONPROCUR	EMENT					

IV Other Expenses (Cui	rent	Sem	i-Annuc	ıl Period (Only)						
A Report in the aggregate all ex	pense	s less ti	nan or equa	al to \$75:			\$		- SANCE SERVICES	.00	CPROCHES CONTRACTOR
B Report in the aggregate all ex	pense:	s for sa	laries of nor	n-lobbying em	ployees:		\$.00	
C Itemize each expense exceed	ding \$7	75:									
PAID TO:				DATE:	/	/		0	Ad	O Social Ev	ent
PURPOSE:				AMOUNT:	\$.00	0	*Adden	dum attached	
O PROCUREMENT O NON	PROC	UREM	ENT								
PAID TO:				DATE:	/	/		0	Ad	O Social Ev	ent
PURPOSE:				AMOUNT:	\$.00	0	*Adden	dum attached	
O PROCUREMENT O NON	PROC	UREM	ENT								
O Continued on attached	d pag	es									
 If any expense listed above expense, dollar amount 	ve ex	ceeds table	\$75 for an	individual, yo	ou must c	attac title	ch the a	dden	dum pag	e listing the	
D Total expenses for current p		Designation of the last	TO THE HIGH	The state of the s						sched pages in to	otal)
										100 CONT.	
V Source of Funding D											
Instructions: In the event only event multiple pe	one pe	rson o	r entity is lis es have be	ted as the Sine	gle Sourc d as a Si	e fo	r a Conti	ibutio or a C	n(s), use Contributio	Section A. In the on(s), use Section	1 B.
A Below, list all Contreceived. If more	ributio	ns rec	eived from t	he Single Sou	rce. Incl	ude	the date	and	the amou	nt of the Contribu	ution
Addendum for the	addit	ional C	ontributions	s.	COOLCC	iiuv	beenn		id, osc sc	enon v(c) or me	
Contribution(s) from Single Sou											
Single Source Entity's Name: Ch	ampio	n Hom	e Builders								
Single Source Person's Last Na	me:				First N	ame	e:				
Address: 755 W. Big Beaver Road											
City: Troy					State:	MI			Z	IP code:48084	
Phone: 248-614-8265											
Date Contribution Received:	01	/ 09	/ 2013	Amoi	unt of C	ontr	ibution:	\$ 325	5	.00	
Date Contribution Received:	02	/16	/ 2013	Amo	unt of C	ontr	ibution:	\$1,2	19	.00	
Date Contribution Received:	03	/ 12	/ 2013	Amo	unt of C	ontr	ibution:	\$650)	.00	
Date Contribution Received:	04	/ 11	/ 2013	Amo	unt of C	ontri	ibution:	\$ 254	1	.00	
Date Contribution Received:	04	/ 11	/ 2013	Amo	unt of C	ontri	ibution:	\$32		.00	
Check here if using section V(C) of	f the A	ddend	dum for add	itional Contrib	utions:						8
Contribution(s) Single Source #	2										
Single Source Entity's Name: Co	lony F	actory	Crafted Hom	nes							
or Single Source Person's Last Na					First N	ame	9:				
Address: 20510 Paint Blvd.											
City: Shippenville					State:	PA			Z	IP code: 16254	
Phone: 800-876-6870											
Date Contribution Received:	01	/ 18	/ 2013	Amou	unt of C	ontri	bution:	\$ 560)	.00	
Date Contribution Received:	02	/ 26	/ 2013		unt of C					.00	
Date Contribution Received:	03	/ 21	/ 2013		unt of C			301		.00	
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Date Contribution Received:	05	/ 23	/ 2013		unt of C					.00	
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Check here if there are Contribution Addendum to list all such Contribu	on(s) fr					ed a	bove. U	se Sec	ction V(A)	of the	0

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding D A Below, list all Con	tributio	ons rec	eived from the	Single Source. Include the date	and the a	mount of the Contribut
received.	moone	ons rec	eived nom me	single source. Include me date	and me a	imooni of the Common
Contributions from Single Source	ce #3					
Single Source Entity's Name: _{Th}	ne Con	nmodor	e Corporation			
or Single Source Person's Last Na				First Name:		
Address: P.O. Box 349						
City: Clairon				State: PA		ZIP code:16214
Phone: 814-226-9210		***************************************			***************************************	
Date Contribution Received:	01	/18	/2013	Amount of Contribution:	\$2113	.00
Date Contribution Received:	02	/26	/ 2013	Amount of Contribution:	\$2028	.00
Date Contribution Received:	03	/21	/ 2013	Amount of Contribution:	\$1859	.00
Date Contribution Received:	04	/29	/ 2013	Amount of Contribution:	\$1183	.00
Date Contribution Received:	05	/23	/ 2013	Amount of Contribution:	\$2197	.00
Check here if using section V(C)	of the	Adden	dum for additio	onal Contributions:		Ó
Contributions from Single Source	ce # _	4				
Single Source Entity's Name: M			s, Inc.			
or Single Source Person's Last Na		*************		First Name:		
Address: P.O. Box 947						
City: Lewistown				State: PA		ZIP code:17044
Phone: 717-248-5171						
Date Contribution Received:	01	/ 09	/ 2013	Amount of Contribution:	\$ 1219	.00
Date Contribution Received:	01	/ 09	/ 2013	Amount of Contribution:	\$ 244	.00
Date Contribution Received:	02	/ 12	/ 2013	Amount of Contribution:	\$ 1463	.00
Date Contribution Received:	02	/ 12	/ 2013	Amount of Contribution:	\$ 163	.00
Date Contribution Received:	03	/ 12	/ 2013	Amount of Contribution:	\$ 882	.00
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Contributions from Single Sour	ce #_5	5				
Single Source Entity's Name: 54	yline	Corpora	tion			
or Single Source Person's Last Na	me:			First Name:		
Address: 2520 Bypass Road	1110.			THE INCHES		owners or work and a second se
City: Elkhart				State: IN		ZIP code:46515
Phone: 574-294-6521				STOIC. IN		211 0000.40515
Date Contribution Received:	01	/25	/ 2013	Amount of Contribution:	\$731	.00
Date Contribution Received:	02	/26	/ 2013	Amount of Contribution:		.00
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Date Contribution Received:	03	/29	/ 2013	Amount of Contribution:		.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Sourc	e #_1					
Single Source(or Related or Aff	iliated) Entit	y's Name: Ch	ampion Home Builders		
or Single Source (or Related or Af	filiated	d)Pers	on's Last Nar	me: First	t Name:	
Address: 755 W. Big Beaver Road						
City: Troy				State: MI		ZIP code: 48084
Phone: 248-614-8265						
Date Contribution Received:	05	/ 23	/ 2013	Amount of Contribution:	\$ 1690	.00
Date Contribution Received:	06	/ 20	/ 2013	Amount of Contribution:	\$ 1437	.00
Date Contribution Received:	02	/ 12	/ 2013	Amount of Contribution:	\$ 163	.00
Date Contribution Received:	03	/ 12	/ 2013	Amount of Contribution:	\$ 338	.00
Date Contribution Received:	04	/ 11	/ 2013	Amount of Contribution:	\$ 423	.00
Date Contribution Received:	05	/ 17	/ 2013	Amount of Contribution:	\$ 338	.00
Date Contribution Received:	06	/ 12	/ 2013	Amount of Contribution:	\$ 423	.00
Date Contribution Received:	01	/ 18	/ 2013	Amount of Contribution:	\$ 1950	.00
Date Contribution Received:	01	/ 18	/ 2013	Amount of Contribution:	\$ 1625	.00
Date Contribution Received:	01	/ 25	/ 2013	Amount of Contribution:	\$ 813	.00
Date Contribution Received:	04	/ 18	/ 2013	Amount of Contribution:	\$ 507	.00
Date Contribution Received:	05	/ 03	/ 2013	Amount of Contribution:	\$ 761	.00
Date Contribution Received:	05	/ 23	/ 2013	Amount of Contribution:	\$ 1267	.00
Date Contribution Received:	06	/ 26	/ 2013	Amount of Contribution:	\$ 1944	.00
Date Contribution Received:	01	/ 15	/ 2013	Amount of Contribution:	\$ 1300	.00
Date Contribution Received:	02	/ 12	/ 2013	Amount of Contribution:	\$ 325	.00
Date Contribution Received:	03	/ 12	/ 2013	Amount of Contribution:	\$ 650	.00
Date Contribution Received:	04	/ 11	/ 2013	Amount of Contribution:	\$ 1138	.00
Date Contribution Received:	05	/ 23	/ 2013	Amount of Contribution:	\$ 2113	.00
Date Contribution Received:	05	/ 23	/ 2013	Amount of Contribution:	\$ 406	.00
Date Contribution Received:	06	/ 12	/ 2013	Amount of Contribution:	\$ 650	.00
Date Contribution Received:	06	/ 12	/ 2013	Amount of Contribution:	\$ 676	.00
Date Contribution Received:		/	/	Amount of Contribution:	\$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Info	rmation for a	ne Person or E	ntity for a single Contribution.	
Contributions from Single Source	ce #_2			
Single Source(or Related or Af	filiated) Enti	ty's Name: C	olony Factory Crafted Homes	
or Single Source (or Related or A	ffiliated)Pe	rson's Last Na	ime: First Name:	
Address: 20510 Paint Blvd.				
City: Shippenville			State: PA	ZIP code: 16254
Phone: 800-876-6870				
Date Contribution Received:	06 / 20	/ 2013	Amount of Contribution: \$ 1183	.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
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V Source of Funding Disclosure

Instructions: Below, list all Cont

Date Contribution Received:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

nstructions:	Include the date of	of the Contrib	eived from the Sir oution received ar	igle Source or, it applicable, the nd the amount of the Contributio	n. Related, Attiliated Entity of Pe
С	Single Source Info	mation for o	ne Person or Entity	y for a single Contribution.	
Contribution:	s from Single Source	e #_3			
Single Source	e(or Related or Aff	iliated) Enti	ty's Name: The C	Commodore Corporation	
or Single Source	e (or Related or Af	filiated)Per	rson's Last Name	e: First N	Name:
Address: P.O	. Box 349				
City: Clarion				State: PA	ZIP code: 16214
Phone: 814-2	226-9210	**************************************		CONTRACTOR OF THE STATE OF THE	
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Amount of Contribution: \$

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V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source	e #_4_					
Single Source(or Related or Aft	filiated)	Entity	y's Name: M	arlette Homes, Inc.		
or Single Source (or Related or At	filiated)Pers	on's Last Na	me: Firs	t Name:	
Address: P.O. Box 947						
City: Lewistown				State: PA		ZIP code: 17044
Phone: 717-248-5171			······································		***************************************	
Date Contribution Received:	03	/ 12	/ 2013	Amount of Contribution:	\$ 165	.00
Date Contribution Received:	04	/ 12	/ 2013	Amount of Contribution:	\$ 423	.00
Date Contribution Received:	04	/ 12	/ 2013	Amount of Contribution:	\$ 761	.00
Date Contribution Received:	05	/ 10	/ 2013	Amount of Contribution:	\$ 1690	.00
Date Contribution Received:	05	/ 03	/ 2013	Amount of Contribution:	\$ 194	.00
Date Contribution Received:	06	/ 12	/ 2013	Amount of Contribution:	\$ 507	.00
Date Contribution Received:	06	/ 12	/ 2013	Amount of Contribution:	\$ 1775	.00
Date Contribution Received:	/	/	1	Amount of Contribution:	\$.	.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$.00
Date Contribution Received:	/	/	/	Amount of Contribution:	\$.00
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Date Contribution Received:

Date Contribution Received:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution. Instructions: Single Source Information for one Person or Entity for a single Contribution. Contributions from Single Source # 5 Single Source(or Related or Affiliated) Entity's Name: Skyline Corporation Single Source (or Related or Affiliated) Person's Last Name: First Name: Address: 2520 Bypass Road City: Elkhart State: IN ZIP code: 46575 Phone: 574-294-6521 Date Contribution Received: 06 / 20 / 2013 Amount of Contribution: \$ 650 .00 Date Contribution Received: / 20 / 2013 .00 Amount of Contribution: \$ 585 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$ 1 1 .00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: 1 Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: 1 1 Amount of Contribution: \$.00 Date Contribution Received: 1 Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 1 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: 1 Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00

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VI Subjects lobbied:	Person, State Agency, Municipality or Legislative Body lobbied:
Issues related to the manufactured housing industry/modular housing industry	Assembly, Senate, Executive
	2.
O Continued on attached pages (Continued on attached pages
introduction of legislation or a resolution on which you lobbied:	Title and Identifying Numbers of procurement contracts/documents lobbied: None
Ontinued on attached pages	Continued on attached pages
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
None	None
O Continued on attached pages (Ontinued on attached pages
XI Declaration This Declaration must be signed by the Chief Administrative Of reason, does not sign, he/she must duly designate another pel declare under penalty of perjury that the information correct, and complete to the best of my knowledges.	rson to sign this Declaration.) (See instructions.) tion contained in this report is true,
X SIGNATURE: Many There DA	ATE: July 10, 2013
PRINT NAME: LAST Geer FIR	RST Mancy P. /
TITLE: Executive Director	
Mark One: Shief Administrative Officer Opesi	gnee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.